

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NorthStar Leadership PAC

ADDRESS (number and street)

PO Box 28754

☐Check if different  
than previously  
reported. (ACC)

St. Paul

MN

55128

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00386573

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeff Larson

Signature of Treasurer

Electronically Filed by Jeff Larson

Date

04

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NorthStar Leadership PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		177151.33
(b) Cash on Hand at Beginning of Reporting Period .....	177151.33	
(c) Total Receipts (from Line 19) .....	62423.20	62423.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	239574.53	239574.53
7. Total Disbursements (from Line 31) .....	81327.65	81327.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	158246.88	158246.88
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
NorthStar Leadership PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6500.00	6500.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	6500.00	6500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	53000.00	53000.00
(c) Other Political Committees (such as PACs) .....	59500.00	59500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	35.00	35.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	888.20	888.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	62423.20	62423.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	62423.20	62423.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	61327.65	61327.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	61327.65	61327.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	81327.65	81327.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	81327.65	81327.65

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	59500.00	59500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59500.00	59500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61327.65	61327.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	35.00	35.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	61292.65	61292.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Advanced Med Tech PAC

Mailing Address Ms. Melissa Clary

1200 G Street NW Suite 400

City

State

Zip Code

Washington

DC

20005

FEC ID number of contributing  
federal political committee.

**C** C00340356

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60405.C485

Amount of Each Receipt this Period

2000.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** American Dental PAC

Mailing Address Francis McLaughling, Jr.

1111 14th St NW Suite 1100

City

State

Zip Code

Washington

DC

20005

FEC ID number of contributing  
federal political committee.

**C** C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: 60405.C465

Amount of Each Receipt this Period

2000.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** Bond PAC

Mailing Address John Vogt

1399 New York Ave NW

City

State

Zip Code

Washington

DC

20005

FEC ID number of contributing  
federal political committee.

**C** C00158980

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: 60405.C487

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)

Deloitte & Touche PAC

Mailing Address Wade Williams  
PO Box 365

City State Zip Code  
Washington DC 20044-0365

FEC ID number of contributing  
federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 0 6

Transaction ID: 60405.C470

Amount of Each Receipt this Period

2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Emerson Electric PAC

Mailing Address Mr. Robert McDonald  
8000 W Florissant Ave

City State Zip Code  
Saint Louis MO 63136

FEC ID number of contributing  
federal political committee. **C** C00080515

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 0 6

Transaction ID: 60405.C478

Amount of Each Receipt this Period

2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

General Electric PAC

Mailing Address Lynn Harding Thomson  
1299 Penn Ave NW Suite 1100

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 6

Transaction ID: 60405.C481

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) GlaxoSmithKline PAC Mailing Address Ms. Megan Brier 1500 K St NW #650 City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b> C00199703 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> 60405.C484 Amount of Each Receipt this Period 2000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) Johnson & Johnson PAC Mailing Address Ms. Jane Adams 1 Johnson & Johnson Plaza City New Brunswick State NJ Zip Code 08933-0001 FEC ID number of contributing federal political committee. <b>C</b> C00010983 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> 60405.C488 Amount of Each Receipt this Period 2000.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Koch PAC Mailing Address Ms. Diane Koebele 720 Arcwood Road City Saint Paul State MN Zip Code 55115 FEC ID number of contributing federal political committee. <b>C</b> C00236489 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> 60405.C482 Amount of Each Receipt this Period 5000.00 Receipt

SUBTOTAL of Receipts This Page (optional) .....

9000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Medtronic PAC Mailing Address Mr. Peter Slone 1420 New York Ave NW Suite 600 City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. <b>C</b> C00311878 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 60405.C477 Amount of Each Receipt this Period 5000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) National Restaurant Assoc. PAC Mailing Address Mr. R. Lee Culpepper 1200 Seventeenth Street NW City State Zip Code Washington DC 20036 FEC ID number of contributing federal political committee. <b>C</b> C00003764 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6 <b>Transaction ID:</b> 60405.C486 Amount of Each Receipt this Period 1000.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Natl. Rural Letter Carriers Assoc. PAC Mailing Address Mr. Paul Swartz 1630 Duke St 4th Floor City State Zip Code Alexandria VA 22314-3465 FEC ID number of contributing federal political committee. <b>C</b> C00072025 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> 60405.C483 Amount of Each Receipt this Period 1000.00 Receipt

SUBTOTAL of Receipts This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Plumbing, Heating PAC (PHCC)		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address Mr. Lake Coulson 180 S Washington St		<b>Transaction ID:</b> 60405.C476
City Falls Church State VA Zip Code 22046	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00157875		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) SAIC (Science Appl.) PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address Mr. Andy Jazwick 1919 Pennsylvania Ave NW Ste 650		<b>Transaction ID:</b> 60405.C491
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00300418		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Southern MN Beet Sugar PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address Mr. John Richmond PO Box 500		<b>Transaction ID:</b> 60405.C472
City Renville State MN Zip Code 56284-0500	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00166348		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** St. Paul Travelers PAC

Mailing Address Ms. Ruth Ravitz Smith  
1331 F St NW Suite 975

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00376376

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 6

Transaction ID: 60405.C473

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** Target PAC

Mailing Address Mr. Nathan Garvis  
1000 Nicollet Mall TPS 3275

City State Zip Code  
Minneapolis MN 55403

FEC ID number of contributing  
federal political committee.

**C** C00098061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 6

Transaction ID: 60405.C471

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** United Health PAC

Mailing Address Ms. Elise Gemeinhardt  
1225 New York Ave Suite 475

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00274431

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 6

Transaction ID: 60405.C475

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Steel PAC Mailing Address Ms. Mindy Fleishman 600 Grant Street Rm 1874 City State Zip Code Pittsburgh PA 15219 FEC ID number of contributing federal political committee. <b>C</b> C00030676 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60405.C490 Amount of Each Receipt this Period 1000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) US Team PAC Mailing Address Mr. Todd Walker 100 West Putnam Ave City State Zip Code Greenwich CT 06830 FEC ID number of contributing federal political committee. <b>C</b> C00104851 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60405.C492 Amount of Each Receipt this Period 2000.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Wine & Spirits PAC Mailing Address Ms. Nicole deSibour 805 15th St NW Suite 430 City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. <b>C</b> C00147173 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60405.C489 Amount of Each Receipt this Period 2000.00 Receipt

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

53000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)

Kenneth Butler

Mailing Address 11810 Lyrac Ct

City State Zip Code  
 Oakton VA 22124-2200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capital Partnerships

Occupation  
Senior Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 60405.C480

Amount of Each Receipt this Period

1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Tom Foley

Mailing Address PO Box 2935

City State Zip Code  
 Saint Paul MN 55102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 60405.C466

Amount of Each Receipt this Period

1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

Hein Hettinga

Mailing Address 17094 Cucamonga Ave

City State Zip Code  
 Corona CA 92880-9505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 60405.C479

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Jana McKeag Mailing Address 315 Queen Street City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Lobbyist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 03 / 08 / 2006 <b>Transaction ID:</b> 60405.C468 Amount of Each Receipt this Period 1000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Meyer Mailing Address 2506 Duxbury Place City State Zip Code Alexandria VA 22308 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer The Duberstein Group Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 03 / 08 / 2006 <b>Transaction ID:</b> 60405.C474 Amount of Each Receipt this Period 1000.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) John Rose Mailing Address 509 Pine Rd City State Zip Code Fort Washington MD 20744-6616 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Russ Reid Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 03 / 08 / 2006 <b>Transaction ID:</b> 60405.C469 Amount of Each Receipt this Period 500.00 Receipt

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Wood

Mailing Address 2207 Traies Ct

City

Alexandria

State

VA

Zip Code

22306-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barbour, Griffith & Rogers

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 6

Transaction ID: 60405.C467

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)  
Simon for Treasurer

Mailing Address 11150 Santa Monica Blvd. Suite 450

City State Zip Code  
 Los Angeles CA 90025-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 3 / 2 0 0 6

Transaction ID: 60405.C464

Amount of Each Receipt this Period

2000.00

Refund of Contribution Made

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 2265 Como Ave		<b>Transaction ID:</b> 60405.C493
City Saint Paul	State MN	Zip Code 55108-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 301.81
Name of Employer	Occupation	Interest Received
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.81	

<b>B.</b> Full Name (Last, First, Middle Initial) Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 2265 Como Ave		<b>Transaction ID:</b> 60405.C494
City Saint Paul	State MN	Zip Code 55108-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 268.18
Name of Employer	Occupation	Interest Received
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 569.99	

<b>C.</b> Full Name (Last, First, Middle Initial) Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 2265 Como Ave		<b>Transaction ID:</b> 60405.C496
City Saint Paul	State MN	Zip Code 55108-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 318.21
Name of Employer	Occupation	Interest Received
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 888.20	

**SUBTOTAL** of Receipts This Page (optional) .....

888.20

**TOTAL** This Period (last page this line number only) .....

888.20

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
FUNDRAISING CONSULTANT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E914

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1800.00

FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial)

## **B. Bellwether Consulting**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
FUNDRAISING CONSULTANT EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60131.E885

Date of Disbursement

01 / 12 / 2006

Amount of Each Disbursement this Period

7079.00

FUNDRAISING CONSULTANT EXPENSES

Full Name (Last, First, Middle Initial)

## **C. Bellwether Consulting**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
FUNDRAISING CONSULTANT EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E908

Date of Disbursement

02 / 27 / 2006

Amount of Each Disbursement this Period

3500.00

FUNDRAISING CONSULTANT EXPENSES

**SUBTOTAL** of Disbursements This Page (optional) .....

12379.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Design Incentives**

Mailing Address 1065 E Highway 36

City Saint Paul State MN Zip Code 55109-

Purpose of Disbursement  
GIFTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E900

Date of Disbursement

02 / 04 / 2006

Amount of Each Disbursement this Period

5120.52

GIFTS

Full Name (Last, First, Middle Initial)

## **B. Elan Services - VISA**

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60131.E895

Date of Disbursement

01 / 03 / 2006

Amount of Each Disbursement this Period

5.00

CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

## **C. Elan Services - VISA**

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60131.E881

Date of Disbursement

01 / 25 / 2006

Amount of Each Disbursement this Period

1151.11

CREDIT CARD PAYMENT: SEE  
BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

6276.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Northwest Airlines

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60131.E883

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 5 / 2 0 0 6

Amount of Each Disbursement this Period

542.60

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

**B.** Northwest Airlines

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60131.E884

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 5 / 2 0 0 6

Amount of Each Disbursement this Period

542.60

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

**C.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E910

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 0 1 / 2 0 0 6

Amount of Each Disbursement this Period

5.00

CREDIT CARD FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

5.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60405.E924

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5801.61

CREDIT CARD PAYMENT: SEE  
BELOW

Full Name (Last, First, Middle Initial)

**B.** Northwest Airlines

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60405.E934

Date of Disbursement

/   /

Amount of Each Disbursement this Period

508.10

**[MEMO ITEM]**  
MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

**C.** Northwest Airlines

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60405.E933

Date of Disbursement

/   /

Amount of Each Disbursement this Period

468.11

**[MEMO ITEM]**  
MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

5801.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Northwest Airlines		<b>Transaction ID:</b> 60405.E936 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>
Mailing Address 70 E 6th Street		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>
City Chaska State MN Zip Code 55318-		
Purpose of Disbursement AIRFARE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: AIRFARE
<b>B.</b> Full Name (Last, First, Middle Initial) Northwest Airlines		<b>Transaction ID:</b> 60405.E928 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>
Mailing Address 70 E 6th Street		<b>Amount of Each Disbursement this Period</b> <div>1035.19</div>
City Chaska State MN Zip Code 55318-		
Purpose of Disbursement AIRFARE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: AIRFARE
<b>C.</b> Full Name (Last, First, Middle Initial) Northwest Airlines		<b>Transaction ID:</b> 60405.E937 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>
Mailing Address 70 E 6th Street		<b>Amount of Each Disbursement this Period</b> <div>501.60</div>
City Chaska State MN Zip Code 55318-		
Purpose of Disbursement AIRFARE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Northwest Airlines

Mailing Address 70 E 6th Street

City  
Chaska

State  
MN

Zip Code  
55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E930

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1711.20

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

**B.** Northwest Airlines

Mailing Address 70 E 6th Street

City  
Chaska

State  
MN

Zip Code  
55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E931

Date of Disbursement

/   /

Amount of Each Disbursement this Period

405.60

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

**C.** Northwest Airlines

Mailing Address 70 E 6th Street

City  
Chaska

State  
MN

Zip Code  
55318-

Purpose of Disbursement  
CHANGE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E935

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

MEMO: CHANGE FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A. Northwest Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address 70 E 6th Street City Chaska State MN Zip Code 55318- Purpose of Disbursement AIRFARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60405.E932</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 290.61 <b>[MEMO ITEM]</b> MEMO: AIRFARE
<b>B. Sage Travel</b> Full Name (Last, First, Middle Initial) Mailing Address 1107 Hazeltine Blvd City Chaska State MN Zip Code 55318- Purpose of Disbursement AGENT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60405.E926</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b> MEMO: AGENT FEES
<b>C. US Airways</b> Full Name (Last, First, Middle Initial) Mailing Address 2345 Crystal Drive City Arlington State VA Zip Code 22227- Purpose of Disbursement AIRFARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60405.E925</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 377.11 <b>[MEMO ITEM]</b> MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60405.E923

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.00

CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**B.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60405.E946

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5205.38

CREDIT CARD PAYMENT: SEE  
BELOW

Full Name (Last, First, Middle Initial)

**C.** Enterprise Rental

Mailing Address 900 University Ave

City Saint Paul State MN Zip Code 55104-

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60405.E967

Date of Disbursement

/   /

Amount of Each Disbursement this Period

87.77

**[MEMO ITEM]**  
MEMO: CAR RENTAL

**SUBTOTAL** of Disbursements This Page (optional) .....

5210.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** FedEx Kinkos

Mailing Address 8300 City Centre Drive

City Woodbury State MN Zip Code 55125-

Purpose of Disbursement  
COPIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E960

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

8.96

**[MEMO ITEM]**

MEMO: COPIES

Full Name (Last, First, Middle Initial)

**B.** Hilton Hotel

Mailing Address 9336 Civic Center Dr

City Beverly Hills State CA Zip Code 90210-3604

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E958

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

7.47

**[MEMO ITEM]**

MEMO: LODGING

Full Name (Last, First, Middle Initial)

**C.** Hilton Hotel

Mailing Address 9336 Civic Center Dr

City Beverly Hills State CA Zip Code 90210-3604

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E957

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

344.02

**[MEMO ITEM]**

MEMO: LODGING

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotel		<b>Transaction ID:</b> 60405.E956 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 9336 Civic Center Dr		Amount of Each Disbursement this Period <div>341.20</div>	
City Beverly Hills	State CA		Zip Code 90210-3604
Purpose of Disbursement LODGING			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: LODGING
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) Northwest Airlines		<b>Transaction ID:</b> 60405.E947 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period <div>1184.10</div>	
City Chaska	State MN		Zip Code 55318-
Purpose of Disbursement AIRFARE			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: AIRFARE
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) Northwest Airlines		<b>Transaction ID:</b> 60405.E949 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period <div>-657.50</div>	
City Chaska	State MN		Zip Code 55318-
Purpose of Disbursement AIRFARE CREDIT			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: AIRFARE CREDIT
State: District:			

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Northwest Airlines**

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE CREDIT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E963

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

-530.10

**[MEMO ITEM]**

MEMO: AIRFARE CREDIT

Full Name (Last, First, Middle Initial)

## **B. Northwest Airlines**

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E950

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

-132.49

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Northwest Airlines**

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E965

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

579.30

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Northwest Airlines**

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E951

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

574.80

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Premiere One Executive**

Mailing Address 1346 S Mansfield Ave

City Los Angeles State CA Zip Code 90019-

Purpose of Disbursement  
GROUND TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E959

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1302.37

**[MEMO ITEM]**

MEMO: GROUND TRANSPORTATION

Full Name (Last, First, Middle Initial)

## **C. Sage Travel**

Mailing Address 1107 Hazeltine Blvd

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AGENT FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E948

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

35.00

**[MEMO ITEM]**

MEMO: AGENT FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Sage Travel**

Mailing Address 1107 Hazeltine Blvd

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AGENT FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E953

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

35.00

**[MEMO ITEM]**

MEMO: AGENT FEES

Full Name (Last, First, Middle Initial)

## **B. The Beverly Hills Hotel**

Mailing Address On Sunset Blvd

City Beverly Hills State CA Zip Code 90210-

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E955

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1170.64

**[MEMO ITEM]**

MEMO: LODGING

Full Name (Last, First, Middle Initial)

## **C. US Airways**

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E952

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

608.10

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Feather, Larson & Synhorst

Mailing Address 2401 W. Behrend Drive, Suite 7

City Phoenix State AZ Zip Code 85027-

Purpose of Disbursement  
PAC MGMT FEE-INCLUDES SALARIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60131.E886

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1723.61

PAC MGMT FEE-INCLUDES SAL-  
ARIES

Full Name (Last, First, Middle Initial)

**B.** FedEx Kinkos

Mailing Address 8300 City Centre Drive

City Woodbury State MN Zip Code 55125-

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E902

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.40

DELIVERY

Full Name (Last, First, Middle Initial)

**C.** FedEx Kinkos

Mailing Address 8300 City Centre Drive

City Woodbury State MN Zip Code 55125-

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E915

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.86

DELIVERY

**SUBTOTAL** of Disbursements This Page (optional) .....

1781.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FedEx Kinkos</b>		<b>Transaction ID:</b> 60405.E945 <b>Date of Disbursement</b> <div> <div>03</div> <div>31</div> <div>2006</div> </div>	
Mailing Address 8300 City Centre Drive		Amount of Each Disbursement this Period <div>21.00</div>	
City Woodbury State MN Zip Code 55125-	Purpose of Disbursement DELIVERY	<div>Category/Type</div>	DELIVERY
Candidate Name	Office Sought: <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President </div>	Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </div>	
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FLS-DCI</b>		<b>Transaction ID:</b> 60131.E887 <b>Date of Disbursement</b> <div> <div>01</div> <div>12</div> <div>2006</div> </div>	
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period <div>750.00</div>	
City Saint Paul State MN Zip Code 55128-	Purpose of Disbursement RENT	<div>Category/Type</div>	RENT
Candidate Name	Office Sought: <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President </div>	Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </div>	
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FLS-DCI</b>		<b>Transaction ID:</b> 60405.E916 <b>Date of Disbursement</b> <div> <div>03</div> <div>13</div> <div>2006</div> </div>	
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period <div>750.00</div>	
City Saint Paul State MN Zip Code 55128-	Purpose of Disbursement RENT	<div>Category/Type</div>	RENT
Candidate Name	Office Sought: <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President </div>	Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </div>	
State: District:			

**SUBTOTAL** of Disbursements This Page (optional) .....

**1521.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FLS-DCI		<b>Transaction ID:</b> 60405.E944 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 7300 Hudson Blvd. Suite 270		<b>Amount of Each Disbursement this Period</b> <div>16500.00</div>	
City Saint Paul State MN Zip Code 55128-	Purpose of Disbursement PAC MGMT FEE-INCLUDES SALARIES		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 60131.E896 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 6</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>293.25</div>	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement CONSULTANT		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 60405.E897 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 6</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>254.15</div>	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement CONSULTANT		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

17047.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 60405.E903 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 6</div> </div>
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period <div>195.50</div>
City Saint Paul State MN Zip Code 55108-	Category/ Type	
Purpose of Disbursement CONSULTANT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTANT
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 60405.E911 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period <div>234.60</div>
City Saint Paul State MN Zip Code 55108-	Category/ Type	
Purpose of Disbursement CONSULTANT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTANT
<b>C.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 60405.E920 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period <div>215.05</div>
City Saint Paul State MN Zip Code 55108-	Category/ Type	
Purpose of Disbursement CONSULTANT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTANT

**SUBTOTAL** of Disbursements This Page (optional) .....

**645.15**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 60405.E940 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>215.05</div>	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement CONSULTANT Candidate Name	<div>Category/Type</div>	CONSULTANT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Loffler Companies		<b>Transaction ID:</b> 60405.E918 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address 1101 E 78th St Ste 200		<b>Amount of Each Disbursement this Period</b> <div>691.55</div>	
City Minneapolis State MN Zip Code 55420-1402	Purpose of Disbursement COPIER Candidate Name	<div>Category/Type</div>	COPIER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Maruggi		<b>Transaction ID:</b> 60405.E898 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 6</div> </div>	
Mailing Address 660 Howell Street S		<b>Amount of Each Disbursement this Period</b> <div>625.00</div>	
City Saint Paul State MN Zip Code 55116-	Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name	<div>Category/Type</div>	FUNDRAISING CONSULTANT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1531.60

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Maruggi		<b>Transaction ID:</b> 60405.E912 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>	
Mailing Address 660 Howell Street S		<b>Amount of Each Disbursement this Period</b> <div>625.00</div>	
City Saint Paul      State MN      Zip Code 55116-	Purpose of Disbursement FUNDRAISING CONSULTANT		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:          District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		FUNDRAISING CONSULTANT	
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Maruggi		<b>Transaction ID:</b> 60405.E905 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address 660 Howell Street S		<b>Amount of Each Disbursement this Period</b> <div>119.00</div>	
City Saint Paul      State MN      Zip Code 55116-	Purpose of Disbursement REIMB. - TAXIS		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:          District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		REIMB. - TAXIS	
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Maruggi		<b>Transaction ID:</b> 60405.E942 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 660 Howell Street S		<b>Amount of Each Disbursement this Period</b> <div>625.00</div>	
City Saint Paul      State MN      Zip Code 55116-	Purpose of Disbursement FUNDRAISING CONSULTANT		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:          District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		FUNDRAISING CONSULTANT	

**SUBTOTAL** of Disbursements This Page (optional) .....

**1369.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Minnesota Department of Revenue

Mailing Address Mail State 1257

City State Zip Code  
Saint Paul MN 55146-

Purpose of Disbursement  
STATE TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60405.E921

Date of Disbursement

/   /

Amount of Each Disbursement this Period

257.00

STATE TAXES

Full Name (Last, First, Middle Initial)

**B.** Richard Nelson

Mailing Address 1975 Portland Ave

City State Zip Code  
Saint Paul MN 55104-

Purpose of Disbursement  
FUNDRAISING CONSULTANT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60405.E899

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial)

**C.** Richard Nelson

Mailing Address 1975 Portland Ave

City State Zip Code  
Saint Paul MN 55104-

Purpose of Disbursement  
FUNDRAISING CONSULTANT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60405.E913

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

FUNDRAISING CONSULTANT

**SUBTOTAL** of Disbursements This Page (optional) .....

2257.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Nelson		<b>Transaction ID:</b> 60405.E941 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 1975 Portland Ave		<b>Amount of Each Disbursement this Period</b> <div>4000.00</div>	
City Saint Paul State MN Zip Code 55104-	Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name	<div>Category/Type</div>	<b>FUNDRAISING CONSULTANT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Northwest Airlines		<b>Transaction ID:</b> 60131.E893 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 6</div> </div>	
Mailing Address 70 E 6th Street		<b>Amount of Each Disbursement this Period</b> <div>250.00</div>	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement MEMBERSHIP FEES Candidate Name	<div>Category/Type</div>	<b>MEMBERSHIP FEES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Patton Boggs, LLP		<b>Transaction ID:</b> 60405.E917 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address 2550 M Street NW		<b>Amount of Each Disbursement this Period</b> <div>279.20</div>	
City Washington State DC Zip Code 20037-	Purpose of Disbursement LEGAL FEES Candidate Name	<div>Category/Type</div>	<b>LEGAL FEES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**4529.20**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. US Postmaster**

Mailing Address 316 Robert Street North

City Saint Paul State MN Zip Code 55101-

Purpose of Disbursement  
STAMPS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60131.E894

Date of Disbursement

/   /

Amount of Each Disbursement this Period

STAMPS

Full Name (Last, First, Middle Initial)

## **B. US Postmaster**

Mailing Address 316 Robert Street North

City Saint Paul State MN Zip Code 55101-

Purpose of Disbursement  
BOX RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E909

Date of Disbursement

/   /

Amount of Each Disbursement this Period

BOX RENTAL

Full Name (Last, First, Middle Initial)

## **C. U.S. Treasury**

Mailing Address

City Ogden State UT Zip Code 84201-

Purpose of Disbursement  
FED. TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60405.E922

Date of Disbursement

/   /

Amount of Each Disbursement this Period

FED. TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

**473.00**

**TOTAL** This Period (last page this line number only) .....

**60827.84**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A. National Rep. Senatorial Committee**

Mailing Address 425 Second St NE

City  
Washington

State  
DC

Zip Code  
20002-

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 60405.E938**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. Tom Kean For US Senate**

Mailing Address PO Box 225

City  
Colonia

State  
NJ

Zip Code  
07067-0225

Purpose of Disbursement  
PRIMARY CONTRIBUTION

Candidate Name  
THOMAS H JR KEAN

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 00

**Transaction ID: 60405.E939**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PRIMARY CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

20000.00

**TOTAL** This Period (last page this line number only) .....

20000.00